

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AK	931	02/22/01
RESPONSE FORMALITY REVIEW	MM	780	5-22-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted

N Non-selected
 I Interference
 A Appeal
 O Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	N	N
2	✓	N	N
3	✓	N	N
4	✓	N	N
5	✓	N	N
6	✓	N	N
7	✓	N	N
8	✓	N	N
9	✓	N	N
10	✓	N	N
11	✓	N	N
12	✓	N	N
13	✓	N	N
14	✓	N	N
15	✓	N	N
16	✓	N	N
17	✓	N	N
18	✓	N	N
19	✓	N	N
20	✓	N	N
21	✓	N	N
22	✓	N	N
23	✓	N	N
24	✓	N	N
25	✓	N	N
26	✓	N	N
27	✓	N	N
28	✓	N	N
29	✓	N	N
30	✓	N	N
31	✓	N	N
32	✓	N	N
33	✓	N	N
34	✓	N	N
35	✓	N	N
36	✓	N	N
37	✓	N	N
38	✓	N	N
39	✓	N	N
40	✓	N	N
41	✓	N	N
42	✓	N	N
43	✓	N	N
44	✓	N	N
45	✓	N	N
46	✓	N	N
47	✓	N	N
48	✓	N	N
49	✓	N	N
50	✓	N	N

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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